



Procedure: Completing Assessment/Care Plan Forms

Volume: Nutrition Services/Breastfeeding

Section: Value Enhanced Nutrition Assessment

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Purpose

Outline steps involved in completing the assessment/care plan for all WIC participants.

Health Outcome-Based Nutrition Assessment

A health outcome-based WIC nutrition assessment is a positive approach to assessment and uses a desirable health outcome as the main focus of collecting information.

A desired health outcome has been developed for each participant category. The health outcome is dependent upon health determinants that affect the likelihood of reaching the desired health outcome.

Organization of Forms

The assessment/care plan forms are organized to allow staff to obtain relevant information. The forms contain:

- The desired health outcome for each participant category.
- The health determinants that contribute to achieving the outcome.
- The information to collect and assess for each health determinate.
- The WIC nutrition risk criteria associated with each health determinate.
- Information not associated with nutrition risk criteria, but necessary to collect for providing client centered services.

Use of Assessment/Care Plan Forms

As part of the assessment process for an initial or subsequent certification, an assessment for nutritional risk shall be completed for every participant.

Information affecting eligibility will be documented on the appropriate WIC assessment/care plan form for the participant status.

- For pregnant, breastfeeding or postpartum women, the form includes a column for each certification period.
- For infants and one year old children, the form includes four columns – for new infant certification, information obtained at mid-certification visit, and for two certification visits for one year old.
- For children ages 2-4, the form can be used for four certification periods
- Transfer participants with valid VOC cards must also have a form completed with minimum information.

Completion of Forms by WIC CPA Staff

The assessment/care plan forms will be completed and nutritional risk assessed by a WIC CPA.

- CPA staff should be appropriately trained and able to demonstrate the competencies needed prior to performing the functions they are assigned.

Client Information

Each form includes a box to complete the clients name and date of birth.

- For pregnant, breastfeeding and postpartum women, this box also includes an area to complete the due date and/or date of delivery.
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Desired Health Outcome	The desired health outcome for each participant status is included on the assessment/care plan form. The desired health outcome serves as the overall goal for each participant.
Health Determinant Column	Health determinants are a set of factors that affect the likelihood of reaching the desired health outcome.
What to Assess Column	<p>This column includes questions that will help collect information for the health determinant, and assess the participant's current health/nutrition status to identify the presence of any condition.</p> <p>Information gathered from anthropometric and biochemical measurements, WIC system fields and nutrition survey questions should be included as part of the assessment.</p>
Definition of Risk Criteria Column	<p>This column lists the definition and/or cut off value of each nutritional risk criteria.</p> <ul style="list-style-type: none"> Based on the assessment, determine if the clients current condition meets the definition for the nutritional risk criteria as listed in section F of this procedure manual. <p><i>In order for the health condition to serve as a qualifying risk criteria, it must meet the definition as listed in section F.</i></p>
Certification Column	<p>This column is used to indicate nutrition risk criteria identified for each certification period.</p> <p>For any nutrition risk criteria identified in the assessment, circle the corresponding risk code in the column appropriate for the certification period to indicate the risk.</p> <p>On page 1 of the assessment/care plan form:</p> <ul style="list-style-type: none"> This column includes an area to document the date of each certification and child's age at each certification. This column contains an area to circle Y (yes), N (no), and/or R (referral) in response to questions asked when assessing the health determinate for receiving ongoing health care.
WIC System Documentation	Document all nutrition risk criteria identified (up to a maximum of 10) through the assessment/care plan form in the WIC computer system risk code fields on page 3 of the certification form.
Additional Nutrition Risk Criteria Identified During Certification Period	<p>If additional information is obtained from a participant during the current certification period, but not at the initial certification visit:</p> <ul style="list-style-type: none"> Use the column appropriate to the current certification period. Circle the added risk factor and write in the date the medical data/information was obtained. Add the risk code to participant's computer system file using TT4/change
Presumptive Eligible Pregnant Women	For a pregnant woman who is certified according to presumptive eligibility, the assessment/care plan form will be completed when the woman returns for a full certification appointment.

Transfer Participants

For participants that transfer with a valid VOC card, complete the following information on the assessment/care plan form:

- participants name
- write in certification date as indicated on the VOC card
- circle the risk codes that correspond to risk criteria listed on the VOC card

IF no risk criteria are listed on the VOC card, or the risk code listed is not being used in Nebraska, circle risk code 8B - transfer of certification.

Nutrition Education

Circled risk codes indicate the presence of nutrition risk and help to identify areas for further nutrition education.

- The assessment/care plan serves as the basis of a work plan for each participant in determining nutrition education needs.

The assessment/care plan form should contain detailed enough information to document individual needs, parent/client concerns, staff concerns, topics for follow-up at next visit, materials provided, and progress toward nutritional goals.

Assessment/Care Plan forms are located in the Appendix of this section

WIC Assessment/Care Plan Form for Women

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Name	Age	Due Date	Date of Delivery

Desired Health Outcomes:

Pregnant Woman: Delivers a healthy, full-term infant while maintaining optimal health status.

Breastfeeding/Postpartum Woman: Achieves optimal health during the childbearing years and reduces the risk of chronic disease

Health Determinant	What to Assess	Pregnant Cert Date	Breastfeeding Cert Date	Postpartum Cert Date
Receives ongoing preventive health care including prenatal or early postpartum care	Have you been to the doctor yet for this pregnancy? • Circle R if made referral for prenatal care Dr. Name	Y N		
	Have you been to the doctor for your postpartum appointment? • Circle R if made referral for doctor	R	Y N	Y N
	Have you seen a dentist in the past 12 months? • Circle R if made referral to dentist Dentist Name	Y N	Y N	Y N
		R	R	R

Health Determinant	What to Assess	Definition of risk criteria	USDA Risk Code	Pregnant	Breastfeeding	Postpartum
Achieves desirable postpartum weight or BMI	Pre-pregnancy weight status	Underweight: Pre-pregnancy BMI <18.5	101	1U		
	For Pregnant women:	Overweight: Pre-pregnancy BMI ≥25.0	111	1O		
	For BF or PP women	Underweight: Pre-pregnancy or current BMI <18.5	101		1U	1U
		Overweight: Pre-pregnancy BMI ≥25	111		1O	1O
Achieves recommended maternal weight gain	For BF Mid-cert Women ≥6 months postpartum	Underweight: Current BMI <18.5	101		1U	1U
		Overweight: Current BMI ≥25	111		1O	1O
	Maternal pattern of weight gain	High Maternal Weight Gain	133	1E	1E	1E
		Low Maternal Weight Gain	131	1I		
	Physical Activity—What do you like to do for physical activity?	*Weight Loss During Pregnancy	132	1I		
	What kinds of activities do you and your family do together?					

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Pregnant
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H
	Pregnancy-related risk conditions, past and current	Age ≤ 17 at conception	331	3B
		High parity and young age	333	3P
		Lack of adequate prenatal care	334	3L
How is your pregnancy going?		Closely spaced pregnancies	332	3I
		*Multi-fetus gestation	335	3N
	Is this your first pregnancy?	Any history of preterm (< 37 wks) delivery	311	3J
		Any history of LGA infant (> 9 pounds 8 ounces)	312	3U
Tell me about any problems you've had with a past pregnancy or delivery?		Any history of LGA infant (> 9 pounds)	337	3I
		History of spontaneous abortion, fetus or neonatal loss	321	3U
	Did you have any baby born early or premature?	*Any history of birth with congenital defect	339	3W
		Pregnant women currently breastfeeding	338	3X
(Complete WIC System Fields)		*Any history of gestational diabetes	303	3K
		*Any history of preeclampsia	304	3K
		*Gestational Diabetes – this pregnancy	302	3K
Medical Conditions		Blood lead level > 10 ug/dL	211	2L
		Drug nutrient interactions	357	3H
		Infectious disease in past 6 months	352	3M
	Have you ever had any health problems, surgery or serious injuries?	*Recent major surgery, trauma, burns	359	3R
Have you ever been told by a doctor that you have any medical problems?		*Hypertension/Prehypertension	345	3V
		Food Allergies	353	3A
		Lactose Intolerance	355	3A
		Celiac Disease	354	3A
Do you take any type of medications?		*Inborn errors of metabolism	351	3B
		*Cancer	348	3C
		*Renal Disease	347	3C
		*Other Medical Conditions	360	3C
		*Gastrointestinal Disorders	342	3D
		*Nutrient Deficiency Diseases	341	3D
		*Diabetes	343	3F
		*Thyroid disorders	344	3F
		*Hypoglycemia	356	3F
		*Central Nervous System disorders	348	3G
		*Genetic/Congenital disorders	349	3G
		Developmental Delays	362	3G
		*Eating Disorders	358	3I
		Depression	361	3J
Do you have any problems with your teeth?		Dental Problems	361	3H
	Family & social environment	Homeless	801	8A
		Migrant	802	8A
	What else can I help you with?	Women with limited ability	903	4E
Does anyone else living in the household smoke inside the home?		Recipient of Abuse	901	4X
		Environmental tobacco smoke exposure	904	4B
	Food Safety	Eating potentially harmful foods	427.5	8H
		PFCA – compulsive ingestion of nonfood items	427.3	8Q
Avoids alcohol, tobacco, and illegal drugs		Smoking	371	3D
		Alcohol	372	3E
		Illegal Drug Use	372	3F
			427.2	8L
Consumes a variety of foods to meet energy and nutrient requirements		Eating a Diet very low in calories/nutrients; inadequate vitamin/mineral supplementation	427.2	8L
		Failure to meet dietary guidelines	401	8X
		* ONLY if no other risk criteria identified		
	Do you have enough food in the house?	Client has food security concerns		Y N
On WIC in another state and has a valid Verification of Certification but specific risk criteria not available		Transfer of certification	502	8B

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Breastfeeding	Postpartum
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H	2H
	Pregnancy-related risk conditions with the most recent pregnancy	Age ≤ 17 at conception	331	3B	3B
		High parity and young age	333	3P	3P
		Lack of adequate prenatal care	334	3L	3L
How is it being a new mom?		Closely spaced pregnancies	332	3I	3I
		*Multi-fetus gestation	335	3N	3N
	Did you have any problems during your pregnancy or delivery?	History of preterm (< 37 wks) delivery	311	3J	3J
		History of LGA infant (> 9 pounds 8 ounces)	312	3J	3J
Was your baby born early/premature?		History of LGA infant (> 9 pounds)	337	3I	3I
		History of spontaneous abortion, fetus or neonatal loss	321	3U	3U
	Was your baby born with any health problems?	*History of birth with congenital defect	339	3W	3W
		*History of gestational diabetes	303	3K	3K
Medical Conditions		*History of preeclampsia	304	3K	3K
		Infectious disease in past 6 months	352	3M	3M
	Have you ever had any health problems, surgery or serious injuries?	*Recent major surgery, trauma, burns	359	3R	3R
		*Hypertension/Prehypertension	345	3V	3V
Have you ever been told by a doctor that you have any medical conditions?		Drug Nutrient Interactions	357	3H	3H
		Food Allergies	353	3A	3A
		Lactose Intolerance	355	3A	3A
		Celiac Disease	354	3A	3A
What concerns do you or your doctor have about your health?		*Inborn errors of metabolism	351	3B	3B
		*Cancer	348	3C	3C
		*Renal Disease	347	3C	3C
		*Other Medical Conditions	360	3C	3C
Do you take any type of medications?		*Gastrointestinal Disorders	342	3D	3D
		*Nutrient Deficiency Diseases	341	3D	3D
		*Diabetes or Pre-Diabetes	343/363	3F	3F
		*Thyroid disorders	344	3F	3F
For BF1 Mid-cert: Have you seen a doctor or other healthcare professional in the last 6 months?		*Hypoglycemia	356	3F	3F
		*Central Nervous System disorders	348	3G	3G
		*Genetic/Congenital disorders	349	3G	3G
		Developmental Delays	362	3G	3G
		*Eating Disorders	358	3I	3I
		Depression	361	3J	3J
		Blood lead level > 10 ug/dL	211	2L	2L
	Do you have problems with your teeth?	Dental Problems	361	3H	3H
Family & social environment		Homeless	801	8A	8A
		Migrant	802	8A	8A
	What else can I help you with?	Women with limited ability	903	4E	4E
		Recipient of Abuse	901	4X	4X
Does anyone else living in the household smoke inside the home?		Environmental tobacco smoke exposure	904	4B	4B
	Food safety	PFCA – compulsive ingestion nonfood items	427.3	8Q	8Q
		Smoking	371	3D	3D
		Alcohol Use	372	3E	3E
Avoids alcohol, tobacco, and illegal drugs		Illegal Drug Use	372	3F	3F
			427.2	8L	8L
Consumes a variety of foods to meet energy and nutrient requirements		Eating a Diet very low in calories/nutrients; inadequate vitamin/mineral supplement	427.2	8L	8L
		Failure to meet dietary guidelines	401	8X	8X
		* ONLY if no other risk criteria identified			
	Do you have enough food in the house?	Client has food security concerns		Y N	Y N
Breastfeeds her infant successfully	Factors affecting breastfeeding	Breastfeeding Complications	602	8A	
		Breastfeeding Mother of Priority 4 Infant	601	8B	
	How is breastfeeding going for you?	Breastfeeding Mother of Priority 2 Infant	601	8C	
		Breastfeeding Mother of Priority 1 Infant	601	8D	
On WIC in another state and has a valid Verification of Certification but specific risk criteria not available		Transfer of Certification	502	8B	8B
	Do weight and diet survey: Follow-up on risk codes – circle any new risks and note date				
	Provide breastfeeding support:				

High Risk Care Plan	Is client under routine care of health care provider?	Y N
1 risk codes	Referral	
	Progress	
	Client wants to work on	Progress:
	Staff Initials	
1-4 N Ed Staff Initials & date	Staff concern	
	Follow-up at next visit	
	Materials Provided	
1-4 N Ed Staff Initials & date	Client wants to work on	Progress
	Staff concern	
	Follow-up at next visit	
	Materials Provided	
1-4 N Ed Staff Initials & date	Client wants to work on	Progress
	Staff concern	
	Follow-up at next visit	
	Materials Provided	

WIC Assessment/Care Plan Form for Children ages 2 – 4

12/2012

Child's name	Date of Birth
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Desired Health Outcome for Children ages 2 – 4

Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Health Determinant	What to Assess	Cert 1 Date Age	Cert 2 Date Age	Cert 3 Date Age	Cert 4 Date Age
Receives ongoing health care	When was your child's last visit to the doctor? • Routine visit/check-up: write in date • Circle R if made referral for doctor visit Dr. Name	R	R	R	R
	May we look over your child's shot record today? • Immunization record brought in? • Immunization record current? • Circle R if made referral for immunizations	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R
	Has your child seen a dentist? • Circle R if made referral to dentist	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R
	Dentist Name	R	R	R	R
	Has your child had a blood lead screening test done in the past 12 months? • If no – make referral • Circle R if made referral to lead screening	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R	Y N Y N Y N R

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 1	Cert 2	Cert 3	Cert 4
Achieves normal growth pattern	Growth Pattern	Short Stature ≤ 5 th percentile height-for-age At risk of Short Stature ≤ 5 th and ≤ 10 th percentile height-for-age	121	1A	1A	1A	1A
	Trend of growth looking at points over time	Underweight ≤ 5 th percentile BMI-for-age At risk of Underweight ≤ 5 th and ≤ 10 th percentile BMI-for-age	103	1C	1C	1C	1C
		Obese ≥ 95 th percentile BMI-for-age	113	1Q	1Q	1Q	1Q
		Overweight ≥ 85 th and ≤ 95 th percentile BMI-for-age	114	1R	1R	1R	1R
		Inadequate growth	135	1D	1D	1D	1D
	Physical Activity – What types of activities does your child enjoy?						
	TV Time – About how many hours did your child watch television or videos/DVD's yesterday?						

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 1	Cert 2		
Remains free from nutrition related illness, complications or injury	Hemoglobin: Every 12 months if normal, • If low – repeat in 6 months	Low Hemoglobin Level ≤ 11.1 (for altitudes < 2000 ft)	201	2H	2H		
	Medical Conditions	*Child with fetal alcohol syndrome *Drug/Nutrient Interactions *Infectious disease in past 6 months *Recent major surgery, trauma, burns *Failure to thrive *Hypertension/Phyphypertension *Food Allergies *Lactose Intolerance *Celiac Disease *Inborn errors of metabolism *Diabetes *Other Medical Conditions *Gastrointestinal Disorders *Nutrient Deficiency Diseases *Thyroid disorders *Hypoglycemia *Central Nervous System disorders *Genetic/Congenital disorders *Developmental Delays *Depression	382 357 352 359 134 345 353 355 354 351 347 360 342 341 343 344 358 349 362 361	3G 3H 3M 3R 3T 3V 4A 4A 4B 4C 4C 4D 4F 4F 4F 4G 4G 4J			
	How is _____ doing?						
	Has your child ever had any health problems, surgery or injuries?						
	Have you ever been told by a doctor that your child has any medical problems?						
	Does your child take any type of medication?						
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?						
	Result of blood lead test	Blood lead level < 10 ug/dl	211	2L	2L		
	Does your child have problems with his/her teeth?	Dental Problems	381	4H	4H		
	Family & social environment	Homeless Migrant Foster care: new or change in past 6 mo Child of limited ability caregiver Recipient of Abuse	801 802 903 903 901	8A 8A 4E 4E 4X			
	Does anyone living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4B	4B		
	Food Safety	Feeding potentially contaminated foods FICA – Ingestion of nonfood items	425.5 425.9	6H 6Q	6H 6Q		
	Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet very low calories/nutrients; not providing essential dietary supplements Using inappropriate beverages as primary milk source Routine Feeding child sugar-containing fluids Failure to Meet Dietary Guidelines • Use ONLY if no other risk criteria identified	425.6 425.1 425.2 401	6L 6N 6B 8X		
		Nutrition Survey Questions					
		Do you have enough food in the house?	Client has food security concerns	Y	N	Y	
		Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	6K	6K
			Nutrition Survey Questions	Using feeding practices that disregard developmental needs of stages of child	425.4	6T	6T
		On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B	

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 3	Cert 4		
Remains free from nutrition related illness, complications or injury	Hemoglobin: Every 12 months if normal, • If low repeat in 6 months	Low Hemoglobin Level ≤ 11.1 (for altitudes < 2000 ft)	201	2H	2H		
	Medical Conditions	*Child with fetal alcohol syndrome *Drug/Nutrient Interactions *Infectious disease in past 6 months *Recent major surgery, trauma, burns *Failure to thrive *Hypertension/Phyphypertension *Food Allergies *Lactose Intolerance *Celiac Disease *Inborn errors of metabolism *Diabetes *Other Medical Conditions *Gastrointestinal Disorders *Nutrient Deficiency Diseases *Thyroid disorders *Hypoglycemia *Central Nervous System disorders *Genetic/Congenital disorders *Developmental Delays *Depression	382 357 352 359 134 345 353 355 354 351 347 360 342 341 343 344 358 349 362 361	3G 3H 3M 3R 3T 3V 4A 4A 4A 4B 4C 4C 4D 4F 4F 4F 4G 4G 4J			
	How is _____ doing?						
	Has your child ever had any health problems, surgery or injuries?						
	Have you ever been told by a doctor that your child has any medical problems?						
	Does your child take any type of medication?						
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?						
	Result of blood lead test	Blood lead level < 10 ug/dl	211	2L	2L		
	Does your child have problems with his/her teeth?	Dental Problems	381	4H	4H		
	Family & social environment	Homeless Migrant Foster care: new or change in past 6 mo Child of limited ability caregiver Recipient of Abuse	801 802 903 903 901	8A 8A 4E 4E 4X			
	Does anyone living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4B	4B		
	Food Safety	Feeding potentially contaminated foods FICA – Ingestion of nonfood items	425.5 425.9	6H 6Q	6H 6Q		
	Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet very low calories/nutrients; not providing essential dietary supplements Using inappropriate beverages as primary milk source Routine Feeding child sugar-containing fluids Failure to Meet Dietary Guidelines • ONLY if no other risk criteria identified	425.6 425.1 425.2 401	6L 6N 6B 8X		
		Nutrition Survey Questions					
		Do you have enough food in the house?	Client has food security concerns	Y	N	Y	
		Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	6K	6K
			Nutrition Survey Questions	Using feeding practices that disregard developmental needs of stages of child	425.4	6T	6T
		On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B	

High Risk Care Plan	Is child under routine care of health care provider	Y	N
1 risk codes	Parent Understanding of plan of care		
	Referral/Follow-up		
	Cert 1 Parent wants to work on		Progress
	Staff initials		
2nd N Ed Staff initials & date	Staff concern		
	Follow-up at next visit		
	Materials Provided		
	Cert 2 Parent wants to work on		Progress
2nd N Ed Staff initials & date	Staff concern		
	Follow-up at next visit		
	Materials Provided		
	Cert 3 Parent wants to work on		Progress
2nd N Ed Staff initials & date	Staff concern		
	Follow-up at next visit		
	Materials Provided		
	Cert 4 Parent wants to work on		Progress
2nd N Ed Staff initials & date	Staff concern		
	Follow-up at next visit		
	Materials Provided		

WIC Assessment/Care Plan Form for Infants and CH1

12/2012

Child's name	Date of Birth
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Desired Health Outcomes:

Infant: Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.
CH1: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Health Determinant	What to Assess	Infant New Cert Date	Infant Mid Cert Date	CH1 Cert 1 Date	CH1 Cert 2 Date
		Age	Age	Age	Age
Receives ongoing health care	When was your child's last visit to the doctor? • (well baby; check-up); write in date • Circle R if made referral for doctor visit				
	Dr. Name	R	R	R	R
	May we look over your child's shot record today? • Immunization record brought in? • Immunization record current? • Circle R if made referral for immunizations		Y N Y N	Y N Y N	Y N Y N
	Has your child seen a dentist? • Circle R if made referral to dentist			Y N Y N	Y N Y N
	Dentist Name			R	R
	Has this child had a blood lead screening test done in the past 12 months? • If no - make referral • Circle R if made referral to lead screening			Y N Y N	Y N Y N

Health Determinant	What to Assess	Definition of risk criteria	USDA Risk Code	Infant New Cert	Infant Mid Cert	CH1 Cert 1	CH1 Cert 2
Achieves normal growth pattern	Growth Pattern	Short Stature ≤ 2.3 rd percentile length-for-age	121	1A	1A	1A	1A
	Infants and children birth to 23 months are plotted using WHO growth charts	At risk of Short Stature ≤ 2.3 rd and ≤ 5 th percentile length-for-age	121	1A	1A	1A	1A
		Underweight ≤ 3 rd percentile weight-for-length	103	1C	1C	1C	1C
		At risk of Underweight ≤ 2.3 rd and ≤ 5 th percentile weight-for-length	103	1C	1C	1C	1C
		High Weight-for-Length ≥ 97.7 th percentile weight-for-length	115	1W	1W	1W	1W
		Inadequate growth (weight gain calculation)	135	1D	1D	1D	1D
		*Must be Age adjusted for infants and CH1's born ≤ 37 weeks gestation					
	Physical Activity - what kinds of activities does your child enjoy?						
	TV Time - About how many hours did your child watch television or videos/DVD's yesterday?						

Health Determinant	What to Assess	Definition of risk criteria	USDA Risk Code	CH1 Cert 1	CH1 Cert 2
Remains free from nutrition related illness, complications or injury	Hemoglobin: Must be done at each CH1 certification visit	Low Hemoglobin Level ≤ 11.0 (for altitudes 0 - 2000 ft)	201	2H	2H
	Birthweight / gestational age at birth Was your child born early?	Low Birth Weight (≤ 5 pounds 8 ounces) LGA Infant (Birthweight > 9 lbs) Low Birth Weight (≤ 5 pounds 8 ounces) Premature (≤ 37 weeks gestation)	141 141 141 142	3S 3S 3S 3S	3S 3S 3S 3S
	Medical Conditions	*Child with low sodium syndrome *Drug/Nutrient Interactions	382 357	3G 3H	3G 3H
	How is _____ doing?	Infectious disease in past 6 months *Recent major surgery, trauma, burns *Failure to thrive *Hypertension/Prehypertension	352 359 134 345	3M 3R 3T 3V	3M 3R 3T 3V
	Has your child ever had any health problems, surgery or serious injuries?	Food Allergies Lactose Intolerance Celiac Disease *Inborn errors of metabolism	353 355 354 351	4A 4A 4A 4B	4A 4A 4A 4B
	Have you ever been told by a doctor that your child has any medical problems?	*Cancer *Renal Disease *Other Medical Conditions *Gastrointestinal Disorders	346 347 360 342	4C 4C 4C 4D	4C 4C 4C 4D
	Does your child take any type of medication?	*Nutrient Deficiency Diseases *Diabetes *Thyroid disorders *Hypoglycemia	341 343 344 356	4D 4F 4F 4F	4D 4F 4F 4F
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?	*Central Nervous System disorders *Genetic/Congenital disorders Developmental Delays	348 349 362	4G 4G 4G	4G 4G 4G
	Result of blood lead test	Depression Blood lead level >10 ug/dl	361 211	4J 2L	4J 2L
	Does your child have problems with toilet training?	Dental Problems	381	4H	4H
	Family & social environment	Homeless or Migrant Foster care (new or change in past 6 mos) Child of limited ability caregiver Recipient of Abuse	801 802 903 901	5A 5A 4E 4X	5A 5A 4E 4X
	What else can I help you with?	Environmental tobacco smoke exposure	904	4S	4S
	Does anyone living in the household smoke inside the home?	Feeding potentially contaminated foods FICA - ingestion of nonfood items	425.5 425.9	5H 5Q	5H 5Q
	Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices Nutrition Survey Questions	425.6 425.8 425.1 425.2 401	5L 5N 5S 5Z	5L 5N 5S 5Z
	Do you have enough food in the house?	Client has food security concerns		Y N Y N	Y N Y N
	Achieves developmental milestones including self-feeding	Nutrition practices Nutrition Survey Questions	425.3 425.4	5K 5T	5K 5T
	On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Infant New Cert	Infant Mid Cert
Remains free from nutrition related illness, complications or injury	Mother on WIC during Pregnancy	Infant (0-6 mos) of WIC/WIC eligible mother	701	7A	
	Hemoglobin: New infants 9-11 months	Low Hemoglobin Level ≤ 11.0 (for altitudes 0 - 2000 ft)	201	2H	2H
	Birthweight / gestational age at birth	LGA Infant (Birthweight > 9 lbs) Low Birth Weight (≤ 5 pounds 8 ounces)	141 141	3S 3S	3S 3S
	Was your baby born early?	Premature (≤ 37 weeks gestation)	142	3S	3S
	Medical Conditions	*Infant of mother with alcohol/drug abuse or mental retardation/Infant with FAS *Drug/Nutrient Interactions	382 357	3G 3H	3G 3H
	How is your baby doing?	Infectious disease in past 6 months *Recent major surgery, trauma, burns *Failure to thrive	352 359 134	3M 3R 3T	3M 3R 3T
	What concerns do you have about _____ health?	*Hypertension/Prehypertension Food Allergies Lactose Intolerance Celiac Disease *Inborn errors of metabolism	345 353 355 354 351	3V 4A 4A 4A 4B	3V 4A 4A 4A 4B
	Does your baby have any health problems, surgery or serious injuries?	*Cancer *Renal Disease *Other Medical Conditions *Gastrointestinal Disorders	346 347 360 342	4C 4C 4C 4D	4C 4C 4C 4D
	Does your baby take any type of medication?	*Nutrient Deficiency Diseases *Diabetes *Thyroid disorders *Hypoglycemia	341 343 344 356	4D 4F 4F 4F	4D 4F 4F 4F
	Has your baby been seen by a doctor or other healthcare professional in the last 6 months?	*Central Nervous System disorders *Genetic/Congenital disorders Developmental Delays	348 349 362	4G 4G 4G	4G 4G 4G
	Results of blood lead test	Depression Blood lead level >10 ug/dl	361 211	4J 2L	4J 2L
	How do you care for your baby's teeth?	Dental Problems	381	4H	4H
	Family & Social Environment	Homeless or Migrant Foster care - new/change during last 6 mos Child of limited ability caregiver Recipient of Abuse	801 802 903 901	5A 5A 4E 4X	5A 5A 4E 4X
	What else can I help you with?	Environmental tobacco smoke exposure	904	4S	4S
	Does anyone living in the household smoke inside the home?	Feeding potentially contaminated foods Inappropriate sanitation practices	425.5 425.9	5H 5Q	5H 5Q
	Consumes breastmilk and/or non-fermented infant formula & other foods as developmentally appropriate to meet energy/nutrient requirements	Nutrition practices Nutrition Survey Questions	425.6 425.8 425.1 425.2 401	5L 5N 5S 5Z	5L 5N 5S 5Z
	Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences	Tell me how is breastfeeding going for you and the baby? Nutrition Practices Breastfeeding Dried * Use ONLY for infants 4-11 months with NO OTHER RISK	425.3 425.4 702 702	5K 5T 6E 6F	5K 5T 6E 6F
	On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B

High Risk Care Plan	to child under routine care of health care provider	Y	N
* risk codes	Discuss current plan of care		
	Parent Understanding of plan of care		
Infant Staff Initials	Parent wants to work on		Progress
Inf N Ed Staff Initials & date	Staff concern		
	Follow-up at next visit		
Mid Cert Staff Initials	Materials Provided		
	Parent wants to work on		Progress
Inf N Ed Staff Initials & date	Staff concern		
	Follow-up at next visit		
CH1 Staff Initials	Materials Provided		
	Parent wants to work on		Progress
Inf N Ed Staff Initials & date	Staff concern		
	Follow-up at next visit		
CH1 Staff Initials	Materials Provided		
	Parent wants to work on		Progress
Inf N Ed Staff Initials & date	Staff concern		
	Follow-up at next visit		